

**PERSONNEL RECORDS
R9-5-402.A.**

☐ 1. Employee Name: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Phone #: _____ Cell #: _____

Position: _____

☐ 2. Documents required by R9-5-401

☐ High School Diploma/GED Certificate

Verified by _____

☐ Work Experience

name

date

☐ saw orig.

☐ by phone

☐ by letter

☐ 3. Emergency Contact: _____ Phone # _____

☐ 4. Documents required by R9-5-301(F)

☐ Mantoux TB Test Results (prior to hire or w/in 12 hours of start date) _____ date of test

☐ A physician's written statement that the individual is free from TB

☐ 5. Immunization Statement: In Compliance with Arizona State Law, the undersigned does hereby testify that, to the best of his/her knowledge, immunizations against measles, rubella, diphtheria, and tetanus are current.

Employee Signature: _____ **Date:** _____

☐ 6. Current License or Certification

☐ AZ Drivers License (if a van driver) Expires: _____

☐ Food Handlers Card Expires: _____

☐ First Aid Certificate Expires: _____

☐ CPR Certificate Expires: _____

☐ 7. Verification of Fingerprint Registration:

☐ *Original* signed and Notarized *Criminal History Affidavit* dated _____

☐ copy of the *Applicant Fingerprint Registration Application* (application # _____)

☐ copy of the *Fingerprint Clearance Card* (expiration date _____)(# _____)

☐ DPS contacted (date _____) (person _____)(status _____)

☐ 8. Written Documentation of Training required by R9-5-403

☐ New Staff Training within 10 days of starting date: _____
date of training

☐ Twelve Hours of Annual In-Service Training based on employment date

'04/'05: _____ hrs; '05/'06: _____ hrs; '06/'07: _____ hrs; '07/'08: _____ hrs

☐ 9. Hire Date: _____ Start Date:

☐ 10. Termination Date: _____

☐ 11. Performance Evaluation Dates: _____
(Every 12 months from date of employment)

☐ 12. 4 References:

☐ 1 Written Professional

☐ 1 Written Personal

☐ Verified contact with each of the 4 references

RETAIN ENTIRE FILE 12 MONTHS FROM TERMINATION DATE